

PEDIATRIC RESPIRATORY DISTRESS

History:

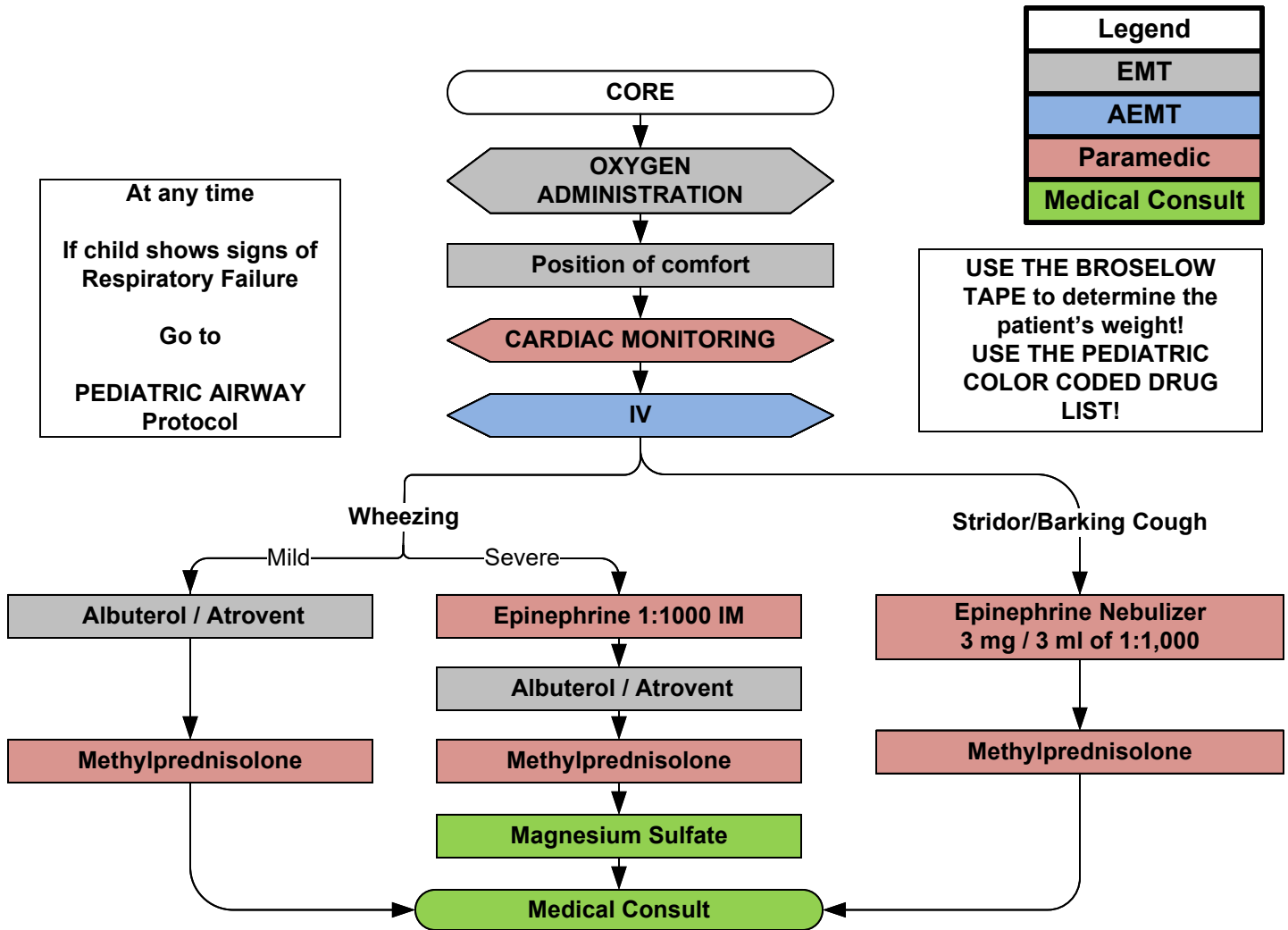
- Time of onset
- Possibility of foreign body
- Fever or respiratory infection
- Other sick siblings
- History of trauma
- SAMPLE

Signs and Symptoms:

- Wheezing or stridor
- Respiratory retractions
- Increased heart rate
- Altered level of consciousness
- Anxious appearance
- OPQRST
- Tachypnea
- Nasal Flaring
- Tachycardia

Differential:

- Asthma
- Aspiration
- Foreign body
- Infection
 - Pneumonia
 - Croup
 - Epiglottitis
- Congenital heart/lung defect
- Medication or Toxin
- Trauma



Pearls:

- Respiratory failure is defined as exhausted energy reserves resulting in decompensating oxygenation & ventilation and altered mental status.
- Albuterol, Atrovent, and Methylprednisolone should be withheld in pediatrics less than 6 months-old.
- Albuterol may be repeated if respiratory distress continues. Atrovent should be administered with first nebulizer treatment only.
- Pulse oximetry should be monitored continuously.
- Do not force a child into a position. They will protect their airway by their body position.
- Croup typically affects children < 2 years of age. It is viral, presenting with fever, gradual onset, and no drooling is generally seen.
- Epiglottitis typically affects children > 2 years of age. It is bacterial, presenting with fever, rapid onset, possible stridor, the patient wants to sit up to keep airway open, and drooling is common. Airway manipulation may worsen the condition. Do not insert anything into mouth, intubate only if complete obstruction.